MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5		2				
6		2				
7		2				
8		2				
9		0				
10		1				
11		0				
12		0				
13		0				
14		0				
15		0				
16		2				
17		2				
18		2				
19		2				
20		0				
21		0				
22		2				
23		2				
24		2				
25		2				
26		2				
27		0				
28		0				
29		0				
30		0				
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		0				
54		1				
55		1				
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73		0				
74		0				
75		0				
76		1				
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						